

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003285

FILED
Feb 02, 2009
Secretary of State

Entity Name: ASHTON PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

101 PARK PLACE RD STE 2
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

101 PARK PLACE RD STE 2
SUITE 301
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 03-0477235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASSOCIATION MGMT. GROUP OF CENTRAL FL, INC
101 PARK PLACE RD STE 2
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: SCHLUMBOHM, GEORGE
Address: 1870 ASHTON PARK PL
City-St-Zip: SAINT CLOUD, FL 34771

Title: P () Delete
Name: CROSSKEY, THOMAS
Address: 1831 ROPER RD
City-St-Zip: SAINT CLOUD, FL 34771

Title: D () Delete
Name: HEPLER, ROBERT
Address: 1806 ASHTON PARK PLACE
City-St-Zip: SAINT CLOUD, FL 34771

Title: VP () Delete
Name: RUIZ, WILLIAM
Address: 1860 ASHTON PARK PLACE
City-St-Zip: SAINT CLOUD, FL 34771

Title: S () Delete
Name: BARNARD, ALCIA
Address: 1833 ROPER RD
City-St-Zip: SAINT CLOUD, FL 34771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE SCHLUMBOHM

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02/02/2009

Electronic Signature of Signing Officer or Director

Date